DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 03-029

2. STATE: Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: July 1, 2003

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT
a. FFY 2003 $ 0
b. FFY 2004 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Addendum Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 3.1-A, Addendum Page 2

10. SUBJECT OF AMENDMENT

technical correction of code citations

11. GOVERNOR'S REVIEW *(Check One)*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL: Melanie Bella

13. TYPED NAME: Melanie Bella

14. TITLE: Asst. Secretary, OMPP

15. DATE SUBMITTED: 9/30/03

16. RETURN TO
Melanie Bella, Asst Secretary
Office of Medicaid Policy & Planning
402 W Washington, Rm W382
Indianapolis, IN 46204
ATTN: T Brunner, Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/30/03

18. DATE APPROVED: 12/23/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL: Cheryl Harris

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS

RECEIVED
SEP 30 2003
DMCH - IL/IN/OH

FORM CMS-179 (07/92) *Instructions on Back*

4.a.	Nursing Facility services for individuals 21 Years of Age or Older	Provided with limitations. Reimbursement is available for nursing facility services provided by a licensed and certified nursing facility in accordance with 405 IAC 1-14.6, when rendered to a recipient whose level of care has been approved by the Office of Medicaid Policy and Planning. Reimbursement is subject to the limitations set out in 405 IAC 5.
4.b.	Early and Periodic Screening, Diagnosis and Treatment	Provided in excess of federal requirements. Treatment services are covered subject to prior authorization requirements specified in 405 IAC 5. Reimbursement is subject to the limitations set out in 405 IAC 5.
4.c.	Family Planning services	Provided with limitations. Reimbursement is available subject to the limitations set out in 405 IAC 5.
5.a.	Physicians' services	Provided with limitations. Reimbursement is available for medically necessary and reasonable services provided by a doctor of medicine or osteopathy for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within the scope of the practice of medicine, as defined by Indiana law, and subject to the limitations set out in 405 IAC 5.
5.b.	Medical and Surgical services furnished by a dentist	Provided with limitations. Reimbursement is available only for those dental services listed in 405 IAC 5-14, subject to the limitations set out in 405 IAC 5.
6.a.	Podiatrists' Services	Provided with limitations. Subject to the limitations set out in 405 IAC 5, reimbursement is available within the scope of the practice of podiatry as defined by Indiana law. Covered services include diagnosis of foot disorders and mechanical, medical or surgical treatment of these disorders.